



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

CareSource Michigan

NAIC Group Code	0000	,	0000	NAIC Company Code	95562	Employer's ID Number	38-3252216
	(Current Period)		(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States						
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other [] Is HMO, Federally Qualified? Yes [X] No []						
Incorporated/Organized	05/24/1995			Commenced Business	08/01/1996		
Statutory Home Office	2900 West Road, Suite 201			,	East Lansing, MI 48823-6386		
	(Street and Number)				(City, State and Zip Code)		
Main Administrative Office	2900 West Road, Suite 201						
	East Lansing, MI 48823-6386				517-349-9922		
	(City, State and Zip Code)				(Area Code) (Telephone Number)		
Mail Address	2900 West Road, Suite 201			,	East Lansing, MI 48823-6386		
	(Street and Number or P.O. Box)				(City, State and Zip Code)		
Primary Location of Books and Records	2900 West Road, Suite 201						
	East Lansing, MI 48823-6386				937-531-2159		
	(City, State and Zip Code)				(Area Code) (Telephone Number) (Extension)		
Internet Web Site Address	www.caresource.com						
Statutory Statement Contact	L Tarlton Thomas III			,	937-531-2159		
	(Name)				(Area Code) (Telephone Number) (Extension)		
	tarlton.thomas@caresource.com				937-531-2676		
	(E-Mail Address)				(Fax Number)		

OFFICERS

Name	Title	Name	Title
Sharon R. Williams	Plan President	Craig Thiele M.D.	Chief Medical Officer
Bobby Jones	Chief Operating Officer		

OTHER OFFICERS

R. Daniel Sadlier	Vice Chairman		
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DIRECTORS OR TRUSTEES

Pamela B. Morris	Margaret Marchak	Evonne Williams	Karen Hamilton #
John M. Rockwood			

State of _____
County of _____

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Sharon R. Williams Plan President	Bobby Jones Chief Operating Officer	Craig Thiele M.D. Chief Medical Officer
--------------------------------------	--	--

Subscribed and sworn to before me this _____ day of _____, _____

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareSource Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareSource Michigan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	29,180	0.0		0.0		29,180
2. Intermediaries	1,356,927	1.1		0.0		1,356,927
3. All other providers	37,314,263	29.9		0.0		37,314,263
4. Total capitation payments	38,700,370	31.0	0	0.0	0	38,700,370
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	83,766,927	67.1	XXX	XXX		83,766,927
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	2,397,673	1.9	XXX	XXX		2,397,673
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	86,164,600	69.0	XXX	XXX	0	86,164,600
13. Total (Line 4 plus Line 12)	124,864,970	100 %	XXX	XXX	0	124,864,970

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareSource Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		CareSource Michigan				2. East Lansing, Michigan									
NAIC Group Code		0000		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2009				(LOCATION)		NAIC Company Code		95562	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:															
1. Prior Year		49,465							59	49,406					
2. First Quarter		49,708							87	49,621					
3. Second Quarter		48,988							85	48,903					
4. Third Quarter		49,049							80	48,969					
5. Current Year		41,557							190	41,367					
6. Current Year Member Months		566,817							1,222	565,595					
Total Member Ambulatory Encounters for Year:															
7. Physician		228,482							750	227,732					
8. Non-Physician		169,311							744	168,567					
9. Total		397,793	0	0	0	0	0	0	1,494	396,299	0				
10. Hospital Patient Days Incurred		20,260							140	20,120					
11. Number of Inpatient Admissions		5,489							31	5,458					
12. Health Premiums Written (b).....		162,779,015							1,285,744	161,493,271					
13. Life Premiums Direct		0													
14. Property/Casualty Premiums Written		0													
15. Health Premiums Earned.....		162,779,015							1,285,744	161,493,271					
16. Property/Casualty Premiums Earned		0													
17. Amount Paid for Provision of Health Care Services		124,864,970							884,660	123,980,310					
18. Amount Incurred for Provision of Health Care Services		123,216,289							1,291,828	121,924,461					

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ _____



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareSource Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareSource Michigan 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2009				NAIC Company Code		95562
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	49,465	0	0	0	0	0	0	59	49,406	0
2 First Quarter	49,708	0	0	0	0	0	0	87	49,621	0
3 Second Quarter	48,988	0	0	0	0	0	0	85	48,903	0
4. Third Quarter	49,049	0	0	0	0	0	0	80	48,969	0
5. Current Year	41,557	0	0	0	0	0	0	190	41,367	0
6 Current Year Member Months	566,817	0	0	0	0	0	0	1,222	565,595	0
Total Member Ambulatory Encounters for Year:										
7. Physician	228,482	0	0	0	0	0	0	750	227,732	0
8. Non-Physician	169,311	0	0	0	0	0	0	744	168,567	0
9. Total	397,793	0	0	0	0	0	0	1,494	396,299	0
10. Hospital Patient Days Incurred	20,260	0	0	0	0	0	0	140	20,120	0
11. Number of Inpatient Admissions	5,489	0	0	0	0	0	0	31	5,458	0
12. Health Premiums Written (b)	162,779,015	0	0	0	0	0	0	1,285,744	161,493,271	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	162,779,015	0	0	0	0	0	0	1,285,744	161,493,271	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	124,864,970	0	0	0	0	0	0	884,660	123,980,310	0
18. Amount Incurred for Provision of Health Care Services	123,216,289	0	0	0	0	0	0	1,291,828	121,924,461	0

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareSource Michigan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0399999 Totals						0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareSource Michigan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CareSource Michigan

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	4	1	0	0	0
3. Title XIX-Medicaid.....	507	288	304	310	259
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	30	48	0	0	0
8. Reinsurance recoverable on paid losses.....	246	57	100	132	176
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	41,647,622		41,647,622
2. Accident and health premiums due and unpaid (Line 13).....	923,094		923,094
3. Amounts recoverable from reinsurers (Line 14.1).....	245,625	(245,625)	0
4. Net credit for ceded reinsurance.....	xxx	275,678	275,678
5. All other admitted assets (Balance).....	1,683,885		1,683,885
6. Total assets (Line 26)	44,500,226	30,053	44,530,279
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	13,788,759	30,053	13,818,812
8. Accrued medical incentive pool and bonus payments (Line 2).....	152,965		152,965
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	8,949,331		8,949,331
13. Total liabilities (Line 22).....	22,891,055	30,053	22,921,108
14. Total capital and surplus (Line 31).....	21,609,171	xxx	21,609,171
15. Total liabilities, capital and surplus (Line 32)	44,500,226	30,053	44,530,279
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	30,053		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	245,625		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	275,678		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	275,678		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

17.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
18.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
19.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?


.....NO.....


Explanation:


10. Coverage Provided through Medicare Advantage Program
11.
12.
13.
14.
15.
16. Coverage Provided through Medicare Advantage Program
17.
18.
19.


Bar code:


11.


9 5 5 6 2 2 0 0 9 2 0 5 0 0 0 0 0
12.


9 5 5 6 2 2 0 0 9 2 0 7 0 0 0 0 0
13.


9 5 5 6 2 2 0 0 9 4 2 0 0 0 0 0 0
14.


9 5 5 6 2 2 0 0 9 3 7 1 0 0 0 0 0
15.


9 5 5 6 2 2 0 0 9 3 7 0 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17. 
9 5 5 6 2 2 0 0 9 3 0 6 0 0 0 0 0

18. 
9 5 5 6 2 2 0 0 9 2 1 1 5 9 0 0 0

19. 
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